

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<b>Complete if Known</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/550,895-Conf. #3722</td> </tr> <tr> <td>Filing Date</td> <td>September 27, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Katsuyoshi FUJIWARA</td> </tr> <tr> <td>Examiner Name</td> <td>J. C. Leung</td> </tr> <tr> <td>Art Unit</td> <td>4142</td> </tr> <tr> <td>Attorney Docket No.</td> <td>1560-0439PUS1</td> </tr> </table>		Application Number	10/550,895-Conf. #3722	Filing Date	September 27, 2005	First Named Inventor	Katsuyoshi FUJIWARA	Examiner Name	J. C. Leung	Art Unit	4142	Attorney Docket No.	1560-0439PUS1
Application Number	10/550,895-Conf. #3722														
Filing Date	September 27, 2005														
First Named Inventor	Katsuyoshi FUJIWARA														
Examiner Name	J. C. Leung														
Art Unit	4142														
Attorney Docket No.	1560-0439PUS1														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	940.00													

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account                    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
<b>Fee Description</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
_____		_____		_____		_____	
HP = highest number of total claims paid for, if greater than 20.		_____		_____		_____	
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
_____		_____		_____		_____	
HP = highest number of independent claims paid for, if greater than 3.		_____		_____		_____	
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	
_____		_____		_____		_____	
- 100 = _____		/ 50 = _____		(round up to a whole number) x _____		= _____	
							<b>Fee Paid (\$)</b>
<b>4. OTHER FEES(S)</b>							<b>Fee Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							810.00
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							130.00
1251 Extension for response within first month							_____

<b>SUBMITTED BY</b>			
Signature		Registration No.	39,491
Name (Print/Type)	Michael R. Cammarata	Telephone	(703) 205-8000
		Date	May 8, 2009